



Secretary of State

STATE CONSTRUCTION INDUSTRY LICENSING BOARD
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440

Application for Certificate of Authorization **For Conditioned Air Companies**

All businesses offering Conditioned Air services in the State of Georgia through individual, licensed Conditioned Air Contractors as agents, officers or partners, are required to file with the Board an APPLICATION FOR CERTIFICATE OF AUTHORIZATION to practice.

If your Conditioned Air registration in Georgia entitles the firm or organization with which you are affiliated to offer to practice or practice conditioned air contracting in Georgia, you must complete the enclosed application form and file it with the Board. There is no fee for this application.

Additional forms may be photocopied as required. Applications MUST be legible to be acceptable to the Board.

To submit a change of name, address, branch addresses or to add/delete a Licensee, please submit the information on your letterhead as a letter of request to the Board. Do not resubmit this application form.

The individual who is in responsible charge of the services performed or offered to be performed in Georgia, must be currently licensed as a Georgia Conditioned Air Contractor and must sign the form.

Please indicate the FEIN (Federal Identification Number) in the appropriate blank as this number will be used for renewal purposes.

Please mail this application in to the Board office at the address above. Faxed applications will not be accepted.

Fees associated with a Certificate of Authorization:

Initial registration:

Biennial Renewal

Reinstatement of Lapsed Certificate:

Application is hereby made for a certificate of authorization to practice or offer to practice **Conditioned Air Contracting** in Georgia.

Legal Name of Business:

FEIN:

| | |
|----------------------|--|
| | |
| DBA (If applicable): | |

Physical Address of Principle Place of Business:

| | |
|--|-----------------|
| Street: | Suite: |
| City: | State: Zip: |
| Contact e-mail: | Telephone # () |
| <i>Mailing Address (if different than physical address):</i> | |
| Street or PO Box: | |
| City: | State: Zip: |

List below the Georgia Conditioned Air Contractor who will be primarily responsible for conditioned air services offered by this firm in Georgia.

| | | |
|--|---|---|
| Name: | Georgia License #: | |
| <i>Physical Home Address:</i> Street: | Is this licensee a full time W-2 employee at this firm? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| City: State: Zip: | Approximately how many miles is this licensee's home from the office? | <input type="text"/> mi. |

List below other Georgia Conditioned Air Contractors in the firm who are full time, continuing, bonafide and active principals, officers, partners or individuals acting on behalf of the business (use additional sheets, if necessary.)

| | | |
|---|---|---|
| Name: | Georgia License #: | |
| <i>Licensee's Physical Home Address:</i> Street: | Is this licensee a full time W-2 employee at this firm? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| City: State: Zip: | Approximately how many miles is this licensee's home from the office? | <input type="text"/> mi. |

| | | |
|---|---|---|
| Name: | Georgia License #: | |
| <i>Licensee's Physical Home Address:</i> Street: | Is this licensee a full time W-2 employee at this firm? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| City: State: Zip: | Approximately how many miles is this licensee's home from the office? | <input type="text"/> mi. |

| | | |
|---|---|---|
| Name: | Georgia License #: | |
| <i>Licensee's Physical Home Address:</i> Street: | Is this licensee a full time W-2 employee at this firm? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| City: State: Zip: | Approximately how many miles is this licensee's home from the office? | <input type="text"/> mi. |

| | | |
|---|---|---|
| Name: | Georgia License #: | |
| <i>Licensee's Physical Home Address:</i> Street: | Is this licensee a full time W-2 employee at this firm? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| City: State: Zip: | Approximately how many miles is this licensee's home from the office? | <input type="text"/> mi. |

List below the name, residence address and title of each of the officers, board of director members, partners and/or principals for the corporation, Professional Corporation, partnership, association, or other entity making this application. For each such person list his/her current Georgia Conditioned Air Contractor registration number, if any.

| Name & Address | Title | Georgia License #, if applicable: |
|----------------|-------|--------------------------------------|
| | | |
| | | |
| | | |
| | | |

AFFIDAVIT

I, (*Licensee Name*) _____, as a currently active Georgia Conditioned Air Contractor and authorized to act on behalf of (*Firm Name*) _____ hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**
- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC My Commission Expires:

Rev 7-13



OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I hereby authorize the Construction Industry Licensing Boards ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/____ (circle one) days from date of signature.

I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ____ Working with mentally disabled
____ Working with elder care
____ Working with children

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]